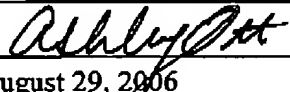



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AUG 29 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/676,175
		Filing Date	September 29, 2000
		First Named Inventor	Orna Etzion
		Art Unit	2181
		Examiner Name	Meonske, Tonia L.
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P7512

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Change of Correspondence Address; Facsimile Transmittal Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 29, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	August 29, 2006
Signature		Date	August 29, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (Wt) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Potential fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete If Known

Application Number	09/676,175
Filing Date	September 29, 2000
First Named Inventor	Orna Etzion
Examiner Name	Meonske, Tonia L.
Art Unit	2181
Attorney Docket No.	42390P7512

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**


Total Claims	Extra Claims	Fees from below	Fee Paid
15	20*	0	50.00
3	5*	0	200.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 395	**Rescued independent claims over original patent	
1205 300	2205 150	**Rescued claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater. For Rescues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 480	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,680	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1480 130	2480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Sum.	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY**Complete (if applicable)**

Name (print/type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature		Date	08/29/06		

Based on FTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M1) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 50, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/676,175	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 29, 2000	
		First Named Inventor	Orna Etzion	
		Examiner Name	Meonske, Tonia L.	
		Art Unit	2181	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	42390P7512

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☒ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s)
 ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
15	20*	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	50 Claims in excess of 20
1201	2201	100 Independent claims in excess of 8
1203	2203	180 Multiple dependent claim, if not paid
1204	2204	385 Release independent claims over original patent
1205	2205	150 Release claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)
		0.00

*or number previously paid, if greater. For Releases, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	
1051	2051	65 Surcharge - late filing fee or oath	
1052	2052	25 Surcharge - late provisional filing fee or cover sheet	
2053	2053	130 Non-English specification	
1251	2251	60 Extension for reply within first month	
1252	2252	225 Extension for reply within second month	
1253	2253	510 Extension for reply within third month	
1254	2254	795 Extension for reply within fourth month	
1255	2255	1,080 Extension for reply within fifth month	
1401	2401	250 Notice of Appeal	
1402	2402	250 Filing a brief in support of an appeal	
1403	2403	500 Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1460	2460	130 Petitions to the Commissioner	
1807	1807	50 Processing fee under 37 CFR 1.17(q)	
1806	1806	180 Submission of Information Disclosure Sum	
1809	1809	395 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	385 For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515
Signature	<i>Ashley Ott</i>	Telephone	(303) 740-1980
		Date	08/29/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (W/R) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-1400